

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

IA Department of Human Rights	
Name of Department or Office 321 E 12th Street	Des Moines IA 50319
Mailing Address 515-281-3374	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kimberly Checks	
Name	
Mailing Address (if different from above) kim.checks@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

IA Workforce Development	
Name	
1000 E Grand	Des Moines IA 50319
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/20/18	\$1,000.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:
Donation - 2019 MLK King Event - to be held in DSM 1/19/19

Criteria to use this form:
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kimberly Checks affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kimberly Checks
Signature

12/20/18
Date

Report ID: PACKET
Source: I/3 Finance
Cycle Date: 12/10/18 - 12/19/18
Department: 379

STATE OF IOWA
INTERNAL EXCHANGE TRANSFERS

2019 Doc Cd: IET Dept: 309 Doc #: 19AA8347001 Vers: 1 Cycle: 12/14/18

Seller Line:

Ln No	Fund	Dept	Unit	Sub Unit	Activity	Function	Rev	Sub Rev	Dept Rev	Appr	Task	Program
1	0186	379	SADN	01			0304			0000		

Accounting Line(s):

Ln No	Fund	Dept	Unit	Sub Unit	Activity	Function	Obj	Sub Obj	Dept Obj	Appr	Task	Program	Description	Amount
1	0052	309	DRCM				3904			0000		BLNK	Iowa Dept. of Human Rights. MLK Iowa Ceremony 2019	1,000.00
Sum:														1,000.00

SA W. Johnson Development



30th Anniversary
Sponsorship Levels

- \$150+ SUSTAINER
- \$100 CONTRIBUTOR
- \$ 50 SUPPORTER
- \$ 25 FRIEND
- Other amt. ADVOCATE

Mail to: Kim Cheeks
 Status of African Americans
 Lucas State Office Building
 Des Moines, Iowa 50319

Please include me as a
Sponsor!

Name: IA Workforce Development
 Address: 1000 E. Grand, DSM 50319
 Phone Number: _____
 e-mail: _____

Please contact us if you would like to volunteer
 or offer an in-kind contribution.